

TIME RECORD CARD

Pay Period Ending _____

Name _____ Soc. Sec.# _____ PIN _____ AGENCY 0571 LOCATION _____ DYS - State Office

Leave Codes	1 16	2 17	3 18	4 19	5 20	6 21	7 22	8 23	9 24	10 25	11 26	12 27	13 28	14 29	15 30	31	Grand Total
REGSH																	
PERLV																	
MLMED																	
EXTWK																	
HOLID																	

<u>Grant O/R Codes</u>																	
Daily Hours																	

Employee's Signature _____ Supervisor's Signature _____ Date _____

- | | | | |
|-------------------------------|-----------------------------------|--------------------------|------------------------------------|
| Hours Worked | Leave Taken | FMLA | Blood/Donor |
| <u>Codes</u> | <u>Codes</u> | <u>Codes</u> | <u>Codes</u> |
| <u>Explanation</u> | <u>Explanation</u> | <u>Explanation</u> | <u>Explanation</u> |
| REGSH Regular Hours Worked | PERLV Personal Leave | PLFAM Personal Leave | DLORG Organ Donor Leave |
| EXTWK Additional Hours Worked | MLMED Major Medical or Sick Leave | MLFAM Medical Leave | DLBMW Bone Marrow Donor Leave |
| HOLFL Hours Worked on Holiday | ULWOP Leave Without Pay | UFMLA Leave Without Pay | DLBLD Blood Donor Leave |
| | JURY Jury Leave | DNFAM Donated/FMLA Leave | DLBPT Blood Platelets Donor Leave |
| | CPTFL FLSA Comp Leave | | DLORF FMLA Organ Donor Leave |
| | CPTIM Non FLSA Comp Leave | | DLBMF FMLA Bone Marrow Donor Leave |
| | ADMIN Administrative Leave | | |
| | MILIT Military Leave | | |
| | HOLID Holiday | | |
| | HOLFT Floating Holiday | | |
| | DONLV Donated Leave | | |